

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/830966</b>		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		★	★	★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1		1							
2		1		1						
3		2		1						
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TOTAL IND.		↓	1	↓		↓				↓
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TOTAL IND.		↓		↓		↓				↓
TOTAL DEP.		←		←		←				←
TOTAL CLAIMS										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS